DIRECT DEPOSIT AUTHORIZATION

New Enrollment and Change Request Form

☐ **New Direct Deposit** ☐ **Change to Existing Direct Deposit**

INSTRUCTIONS

Complete all sections of this form in full. Incomplete submissions will be returned. Please print clearly in black or blue ink.

Required documentation: You must attach a voided check or an official bank verification letter on bank letterhead for the new account. Deposit slips, starter checks, and online printouts are not accepted.

Processing time: Changes will take effect within 30 calendar days of receipt of a complete and verified submission. During this period, payments will continue via the existing method on file.

Submission: The preferred method is secure upload through the Document Center in your MemberXG portal or via NEBA's website at https://www.nebainc.com/send-secure-file/. Forms may also be submitted via U.S. mail or personal delivery to our office.

SECTION 1: PARTICIPANT IDENTIFICATION

Full Legal Name: _____ SSN (Last 4): XXX-XX-____

Date of Birth (MM/DD/YYYY): _____

Plan/Fund Name: _____

Local Union Name and Number: _____

SECTION 2: NEW BANKING INFORMATION

New Bank/Credit Union Name: _____

ABA/Routing Number (9 digits): _____

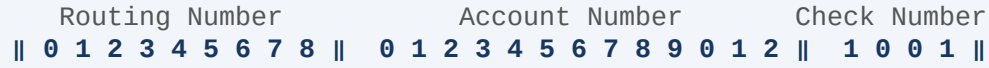
Account Number: _____

Account Type: ☐ Checking ☐ Savings

Name(s) on Account: _____

WHERE TO FIND YOUR ROUTING AND ACCOUNT NUMBERS

Refer to the bottom of a personal check from the new account:



Do not use a deposit slip. Routing numbers on deposit slips may differ from those on checks.

SECTION 3: CURRENT BANKING INFORMATION (for changes only)

Complete this section only if you are changing an existing direct deposit. Provide the last four digits of your current account on file. This information is used to verify your identity and confirm the account being replaced.

Current Bank Name: _____

Last 4 Digits of Current Account Number: _____

Current Account Type: ☐ Checking ☐ Savings

SECTION 4: REQUIRED SUPPORTING DOCUMENTATION

You must include one of the following with this form. Submissions without valid supporting documentation will not be processed.

☐ Voided check for the new account (pre-printed, not handwritten or starter checks) *Or*

☐ Official bank verification letter on institution letterhead, dated within 60 days, confirming account holder name, routing number, and account number

The following are NOT accepted as valid documentation:

- Deposit slips, counter checks, or temporary/starter checks
- Screenshots from online banking portals
- Documents with account holder names that do not match the participant record

SECTION 5: PARTICIPANT ACKNOWLEDGMENT AND CERTIFICATION

By signing below, I certify and acknowledge the following:

1. I am the participant (or authorized legal representative) requesting this direct deposit authorization.
2. I have verified that all banking information on this form is accurate and accept responsibility for any misdirected payments resulting from errors I have provided.
3. I authorize the Plan and its Paying Agent to deposit payments into the account in Section 2 of this form, to process electronic ACH credits and debits as needed, and to reverse or recover erroneous payments in accordance with applicable law and the terms of the Plan Document.
4. I understand this request may require additional verification and a hold period before taking effect.

_____ _____

Participant Signature *Date*

Or

_____ _____

Authorized Representative Signature *Date*

_____

Capacity (e.g., Power of Attorney, Legal Guardian)

If signed by an authorized representative, please attach supporting legal documentation.

ENHANCED VERIFICATION NOTICE

This form may be subject to additional personal verification before the request is processed. If your identity cannot be confirmed within 30 calendar days, this request will be canceled and you will need to resubmit.